


Client Information and Intake

Demographics, Screenings, And Referrals

AGENCY: _____

INTERVENTION: _____

DATA COLLECTION DATE: _____

Client ID _____
  First letter of mother's maiden name
Third letter of mother's maiden name
Client Birth Year _____
 First letter of father's first name
Last letter of father's last name
First letter of your last name

Zip code of Residence :
(Most common Area of Congregation)

County of Residence:

State of Residence:

Client Ethnicity:

- ☐ Hispanic or Latino ☐ Client Doesn't Know
☐ Not Hispanic or Latino ☐ Declined to Answer
☐ Not Asked

Client Race (check all that apply)

- ☐ Am. Indian/ AK Native ☐ White
☐ Asian ☐ Declined to answer
☐ Black/African American ☐ Client Don't Know
☐ Native HI / Pac. Islander ☐ Not Asked


Gender Assigned at Birth:

- ☐ Male ☐ Not Asked
☐ Female ☐ Declined to Answer

Current Gender Identity:

- ☐ Male ☐ Transgender MTF ☐ Not Asked
☐ Female ☐ Transgender FTM ☐ Declined
☐ Transgender ☐ Additional:
Unspecified _____

Has Client had a Previous HIV Test?

- ☐ Not tested before
☐ Yes 
☐ Client does not know
☐ Declined to answer
☐ Not Asked

Self-reported HIV test result

- ☐ Positive ☐ Declined
☐ Negative ☐ Doesn't know
☐ Preliminary Positive ☐ Not Asked
☐ Indeterminate

If HIV positive, is client currently in care?

- ☐ No ☐ Client Does not know ☐ Not Asked
☐ Yes ☐ Declined to Answer


Has the client ever been incarcerated in jail or prison?

- ☐ No ☐ Yes ☐ Declined to answer ☐ Not Asked

Has the client been incarcerated in the past 12 months?

- ☐ No ☐ Yes ☐ Declined to answer ☐ Not Asked

FEMALE CLIENTS: Is client pregnant?

- ☐ No
☐ Yes 
☐ Client does not know
☐ Declined to answer
☐ Not Asked

If yes, is client in prenatal care?

- ☐ No
☐ Yes
☐ Client does not know
☐ Declined to Answer
☐ Not Asked

Housing status:

Most Severe housing status in the past 12 months

- ☐ Literally Homeless ☐ Not Asked
☐ Unstably Housed/at-risk of losing housing ☐ Declined to answer
☐ Stably Housed ☐ Don't Know

Risk Information

- ☐ Risk profile completed (*Please see page 2 for Client Risk Profile*)
☐ Not asked about behavioral risks
☐ No behavioral risks identified
☐ Declined to discuss behavioral risks factors

Behavioral Risk Factors Questionnaire				
In the past 12 months, has the client identified the following behaviors: Place an X in box	No	Yes	Don't Know	No Response
Did client have Vaginal or Anal sex with a <u>Male</u> ?				
If YES, Vaginal/Anal Sex <u>without a Condom</u> with a Male				
If YES, Vaginal or Anal Sex with a Male IDU				
If YES, Vaginal or Anal Sex with an HIV-positive Male				
Did client have Vaginal or Anal sex with a <u>Female</u> ?				
If YES, Vaginal/Anal Sex <u>without a Condom</u> with Female				
If YES, Vaginal or Anal Sex with a Female IDU				
If YES, Vaginal or Anal Sex with an HIV-positive Female				
Did client have Vaginal/Anal sex with a <u>Transgender Person</u> ?				
If YES, Vaginal or Anal Sex <u>without a Condom</u> with a Transgender Person				
If YES, Vaginal or Anal Sex with a Transgender Person IDU				
If YES, Vaginal or Anal Sex with an HIV-positive Transgender Person				
Has client injected any illicit drugs/substances? (including narcotics, hormones, silicone, etc.)				
If YES, did client share hypodermic needles, syringes, or other injection equipment?				
Has Client had Vaginal or Anal Sex of any kind with a Man who has sex with other Men (MSM) (<u>Female or MTF only</u>)				
Additional Vaginal/Anal-related Sexual Risk Factors (Mark all that Apply)				
<input type="checkbox"/> Exchange sex for drugs/money/or something they needed				
<input type="checkbox"/> While intoxicated and/or high on drugs				
<input type="checkbox"/> With person of unknown HIV status				
<input type="checkbox"/> With person who exchanges sex for drugs/money				
<input type="checkbox"/> With anonymous partner				
<input type="checkbox"/> Diagnosed with a sexually transmitted disease (STD)				
<input type="checkbox"/> Sex with multiple partners				
<input type="checkbox"/> Oral sex (of any kind)				
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with an IDU				
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with an HIV positive person				
<input type="checkbox"/> <u>Unprotected</u> Vaginal/Anal Sex in exchange sex for drugs/money/or something needed				
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with a person who exchanges sex for drugs/money				
<input type="checkbox"/> <u>Unprotected</u> Vaginal or Anal Sex with multiple partners				

Substance Use Screening (see pre-screen tools below):	Mental Health Screening (see pre-screen tools below):
Was the client pre-screened for substance use during intake, using the pre-screening tool?	Was the client pre-screened for mental health during intake, using the pre-screening tool?
<input type="checkbox"/> No, client was not pre-screened for substance use at intake: <input type="checkbox"/> Client was <u>not offered</u> pre-screening <input type="checkbox"/> Client <u>refused</u> pre-screening <input type="checkbox"/> Client was <u>already pre-screened</u> in past 12 months <input type="checkbox"/> Client was <u>already receiving services</u> for substance use <input type="checkbox"/> Client was self pre-screened	<input type="checkbox"/> No, client was not pre-screened for mental health at intake: <input type="checkbox"/> Client was <u>not offered</u> pre-screening <input type="checkbox"/> Client <u>refused</u> pre-screening <input type="checkbox"/> Client was <u>already pre-screened</u> in past 12 months <input type="checkbox"/> Client was <u>already receiving services</u> for mental health <input type="checkbox"/> Client was self pre-screened
<input type="checkbox"/> Yes, client was pre-screened for substance use at intake: <input type="checkbox"/> Full substance use screening was <u>not indicated</u> <input type="checkbox"/> Client <u>declined referral</u> to additional screening <input type="checkbox"/> Client <u>referred to Health Educator</u> for screening <input type="checkbox"/> Client not referred, <u>already receiving services</u> <input type="checkbox"/> Client was self pre-screened	<input type="checkbox"/> Yes, client was pre-screened for mental health at intake: <input type="checkbox"/> Full mental health screening was <u>not indicated</u> <input type="checkbox"/> Client <u>declined referral</u> to additional screening <input type="checkbox"/> Client <u>referred to Health Educator</u> for screening <input type="checkbox"/> Client not referred, <u>already receiving services</u> for mental health <input type="checkbox"/> Client was self pre-screened



Substance Use Pre-Screening Tool		
Substance	Questions	Positive Screen (Guidelines)
Alcohol*	When was the last time you had: More than 3 drinks in one day? (for women/men >65 yrs.) More than 4 drinks in one day? (for men)	In the past 3 months
	How many drinks do you have per week?	Men: More than 14 Men >65 yrs: More than 7 Women: More than 7
Drugs	In the past year, have you used or experimented with an illegal drug or a prescription drug for non-medical reasons?	Yes
Tobacco	Do you currently smoke or use any form of tobacco?	Yes : Refer to 1-800-QUIT-NOW

*Any alcohol use is a positive screen for patients under 21 years or pregnant women.
 A standard drink in the U.S. is any drink that contains about 14 grams of pure alcohol.
 One drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor

Mental Health Pre-Screening Tool	
1. During the past 12 months, were you ever on medication/antidepressants for depression or nerve problems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
2. During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
3. During the past 12 months, was there ever a time lasting 2 weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
4. During the past 12 months, did you ever have a period lasting 1 month or longer when most of the time you felt worried and anxious?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
5. During the past 12 months, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
6. During the past 12 months, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath? [If respondent volunteers, "only when having a heart attack or due to physical causes," mark "No"]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

Client should be **REFERRED** to a Health Educator for a further screening if he/she responded **YES** to any of the mental health questions above.

Referral Types List

1. HIV Testing	5. Viral hepatitis screening & treatment	9. IDU risk reduction services	13. Mental health services
2. HIV confirmatory test	6. Tuberculosis (TB) testing	10. Substance abuse services	14. PCM/CRCS
3. HIV prevention counseling	7. Syringe exchange services	11. General medical care	15. Other HIV prevention services
4. STD screening & treatment	8. HIV medical care/evaluation/treatment	12. Partner counseling & referral services	16. Other support services

Client Referrals

If any referrals were given please document below. Referral Type is listed above

Date of Referral	Referred to (organization name)	Referral Type (see list above)	Client Health Insurance Coverage	Date of Referral Appointment	Date of Follow Up	Follow Up	Outcome	Notes (Reason for Referral, etc)
			Medicare Medicaid Employer Sponsored Individually Purchased Client Refused Client Does Not Know			Active Referral Passive -agency verification Passive -client verification None Community Referral	Pending Confirmed—Accessed Confirmed—Not Accessed Lost to Follow Up No Follow Up	
			Medicare Medicaid Employer Sponsored Individually Purchased Client Refused Client Does Not Know			Active Referral Passive -agency verification Passive -client verification None Community Referral	Pending Confirmed—Accessed Confirmed—Not Accessed Lost to Follow Up No Follow Up	
			Medicare Medicaid Employer Sponsored Individually Purchased Client Refused Client Does Not Know			Active Referral Passive -agency verification Passive -client verification None Community Referral	Pending Confirmed—Accessed Confirmed—Not Accessed Lost to Follow Up No Follow Up	
			Medicare Medicaid Employer Sponsored Individually Purchased Client Refused Client Does Not Know			Active Referral Passive -agency verification Passive -client verification None Community Referral	Pending Confirmed—Accessed Confirmed—Not Accessed Lost to Follow Up No Follow Up	

◆ Tips for Entering Referrals into Evaluation Web ◆

- ⇒ In Evaluation Web, complete the fields for: Referral Type (check list), Date of Referral Appointment, Follow-Up (drop down), Date of Follow Up and Outcome (drop down).
- ⇒ The text field labeled “Notes” will be used to enter the data for “ Referred To” and “Client Insurance Coverage” and other notes
- ⇒ All text in the text box must separated using a semi-colon (;)

Text Box Example:

Notes:

MCPN ; Medicaid ; confirmed client accessed medical care at MCPN

Some Help with Commonly Confused Variables

<u>Zip Code:</u>	<p><u>Agency Zip Code:</u> Postal code of agency's primary location or "home-base".</p> <p><u>Site Zip Code:</u> The postal zip code best associated with the actual site where HIV Prevention/Testing services were provided. The site's postal zip code is linked to the unique Site ID and Site Type. At times, the zip code of site where HIV Prevention/Testing services are conducted may not be the same zip code as where the agency is located (e.g., field visit testing).</p> <p><u>Client Zip Code:</u> The postal zip code for the client's locating address at the time services are delivered. In the case of clients that are homeless, the zip code represents the most frequent area where the client congregates with others. The client may not have the same zip code as where they receive HIV prevention services. For example, a person could reside in area (or jurisdiction) but drive to another area to receive HIV testing out of fear of having their privacy or confidentiality exposed.</p>
<u>Local Client ID:</u>	A locally developed alpha-numeric unique client identification code used to distinguish an individual client receiving multiple services within an agency. This code can be shared and used by more than one agency.
<u>Client Date of Birth/Birth Year</u>	Enter the date in which the client was born. If birth date is unknown, enter 1/1/1800. If Month & Year are known but not date, enter Month/day 1/Year (e.g., May of 1995 is 5/1/1995). If birth year is unknown, enter 1800.
<u>Hispanic/Latino:</u>	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, <u>regardless of race</u> .
<u>Race Categories</u>	<p><u>American Indian or Alaska Native:</u> A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><u>Black or African American:</u> A person having origins in any of the black racial groups of Africa.</p> <p><u>White:</u> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><u>Don't Know:</u> Client reports not knowing the answer, after having been asked.</p> <p><u>Declined to Answer:</u> Client was asked, but declines to answer or is unwilling to give a definitive answer.</p>
<u>Incarceration:</u>	Prior to data collection, the client is or has been imprisoned or confined to a jail, or penitentiary.
<u>Housing Status, past 12 months</u>	<p><u>Literally Homeless-</u> Lived in places not intended as regular sleeping accommodations for humans such as; a car, park, abandoned building, bus/train station, camp ground, etc., or in a shelter or emergency shelter that only provides temporary living arrangements.</p> <p><u>Unstably housed and/or at-risk of losing housing:</u> Has not been homeless, but has experienced housing instability such as frequent moves due to economic hardship, living with others due to economic hardship, eviction (but having someplace to go), living in over-crowded housing, at risk for not having housing.</p> <p><u>Stably Housed:</u> Persons living in a consistent housing facility that is meant for human habitation and are not at risk of losing housing.</p> <p><u>Don't Know for Housing status:</u> Client reports not knowing the answer, after having been asked.</p>
<u>Additional Risk Factors, past 12 months</u>	<p><u>Sex with Multiple Partners:</u> Client has had sex with more than one partner in last 12 months (doesn't have to be in the same session).</p> <p><u>Anonymous partner:</u> Someone who's identity was unknown (name, address, or habits that allow the client to identify the person).</p> <p><u>Diagnosed with a sexually transmitted disease (STD):</u> The client's self-reported status of having been diagnosed with one of Colorado's reportable STIs-syphilis, gonorrhea, or Chlamydia in last 12 months</p>
<u>Referred To Medical Care</u>	<u>Yes, Referred To Medical Care:</u> The client was referred to HIV-related medical services for (or due to) their HIV-positive diagnosis including: evaluation of immune system function and screening, treatment, and prevention of opportunistic infection (<u>includes same-day</u> as CD4, viral load counts, etc.). <u>Don't know:</u> Tester is unaware if the client was referred to HIV medical care after receiving an HIV positive test result.
<u>Care: Referral Outcome</u>	<p><u>Pending:</u> Referring agency has not yet confirmed that the client accessed the service to which he or she was referred.</p> <p><u>Confirmed , Accessed service:</u> Referring agency has confirmed that the client accessed the service to which he or she was referred.</p> <p><u>Confirmed, Did NOT access service:</u> Referring agency has confirmed that client had not accessed the service to which he or she was referred.</p> <p><u>Lost to follow-up:</u> After 90 days of referral date, access of the service to which the client was referred <u>can't be confirmed or denied</u>.</p> <p><u>No follow-up:</u> Referral was not tracked to confirm whether the client accessed the referred service.</p> <p><u>Don't know:</u> The referral outcome is unknown.</p>
<u>Referred to Services</u>	<p><u>Referred To Partner Services-</u> Partner Services include a range of available services for newly and previously diagnosed HIV-infected persons, their partners and affected communities by CDPHE's Disease Intervention Specialists (DIS). Referral includes a call or setting up a meeting, etc. with DIS.</p> <p><u>Don't know:</u> Tester is unaware if the client was referred/interviewed by Partner Services after receiving an HIV positive test result.</p> <p><u>Referred To HIV Prevention Services:</u> HIV Prevention services are defined as generally any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection at a variety of locations (e.g., CRCS, risk reduction counseling, discussion about partner disclosure, an HIV prevention class as at a CBO, syringe exchange, etc.)</p> <p><u>Don't know:</u> Provider is unaware if the client was referred to HIV Prevention Services after receiving an HIV positive test result.</p>